

In case of emergency, the following contact information is required:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Are there any allergies, physical limitations, disabilities, medical or health conditions that we should be aware of? Please specify.

NOTE: In circumstances where volunteers will be working with vulnerable populations, you may need to be inoculated for flu, Hepatitis B, or other diseases in order to remain on the active volunteer roster.

Have you ever been convicted of a criminal offence for which a pardon has not been granted?

Yes? No? Comments: (if any): _____

As a potential volunteer, will you agree to a check of your police record if required?

Yes? No?

As a Volunteer, I fully understand and agree to the following. PLEASE READ CAREFULLY BEFORE SIGNING.

- That except as authorized, during my service as a volunteer I will not use Ottawa Public Library (hereafter referred to as the Library) facilities and equipment, nor disclose, release or make use of any confidential or personal information that has been shared with, or acquired by, me.
- That I will not receive any remuneration, salary, wage, payment or any employee benefits whatsoever, and I further understand that there is no employment relationship as a result of my volunteer activity. Further I understand that the Library may at its sole discretion reassign me or terminate my services as a volunteer, without notice or compensation.
- That my volunteer activity may involve personal risk and could result in property damage or bodily injury. In the event of a claim arising out of my good faith performance of **authorized** volunteer activities for the Library, the City of Ottawa will provide me with a legal defence and third party liability insurance coverage, subject to the conditions of the insurance policy.
- With the exception of the types of claims set out in the preceding paragraph, I agree to indemnify and hold harmless the Library and the City of Ottawa liable from all claims, demands, causes of action, loss, costs or damages that the Library or the City may suffer, incur or be liable for in relation to any injury or property damage I may suffer or cause in connection with my participation as a volunteer. I hereby release, waive, and discharge the Library and the City of Ottawa from all liability to my heirs, executors, administrators, and assignees for all loss or damage and any claims or demands for such loss or damage on account of injury to person or property.
- I understand that the Ontario Workplace Safety and Insurance Act does not apply to volunteers, and that as a result I am not entitled to make any claims for compensation pursuant to the Ontario Workplace Safety and Insurance Act.
- I am aware of the nature and effect of the Release of All Claims and Waiver of Liability form that I am signing. I acknowledge having read, understood, and agree to the above conditions, release, and waiver. I certify that all statements made by me in this application, and any attached documents, are true and complete to the best of my knowledge and belief, and are made in good faith.
- Pursuant to Section 32(b) of the *Municipal Freedom of Information & Protection of Privacy Act 1989*, I authorize the Library to contact the persons listed on the reverse for the purpose of obtaining personal references.
- I will successfully complete any training required for my service as a volunteer with the Library, including that required by law.

If under 18 years of age, a parent or legal guardian is required to sign.

- I hereby certify that I am the parent/legal guardian of _____, a minor pursuant to the *Age of Majority and Accountability Act* and that s/he has my permission to serve as a volunteer with the Library. As the parent/legal guardian I fully understand and have full knowledge of the nature and extent of the risks involved with his/her participation as a volunteer.

Signature of Volunteer or Parent/Legal Guardian

Date

Personal information contained on this form is collected under the Authority of the Municipal Act RSO 1990, c.M.45, s 207 (45). This information is collected for the administration and management of the Ottawa Public Library Volunteer Program. Personal information collected for these purposes will only be used internally at the Library, and will only be disclosed to you, except if the law requires disclosure to a third party. Questions about the collection and use of this information should be directed to:

Volunteer Services, Ottawa Public Library, 363 Lorry Greenberg Drive, Ottawa, ON K1T 3P8 (613) 580-2424 x41409

Please attach your resume if it is current.

The application and any relevant documents may be dropped off at any branch of the Ottawa Public Library, or mailed to Volunteer Services at the above address, or faxed to (613) 247-8868. Files are kept active for one year from the date of receipt and then destroyed.